

## INDIVIDUALIZED PRIVATE SCHOOL SERVICES PLAN

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Classification \_\_\_\_\_ Grade \_\_\_\_\_

School of Residence \_\_\_\_\_

• Special Education Services:	<u>Location</u>	<u>Amount of Time</u>	<u>Frequency</u>
_____	_____	_____	_____
• Related Services required for student to benefit from special education:			
_____	_____	_____	_____
• Supplementary aids and services program modifications/supports for school personnel:			
_____	_____	_____	_____
• Projected date of initiation of these services _____			
• Anticipated duration of the services: (One year from initiation date, or other): _____			

Use the appropriate forms for Age of Majority and/or Transition services

Except for special education services provided as noted above, the student will participate in the regular private school curriculum as placed by the parent/legal guardian.

### Parent Prior Notice for Free Appropriate Public Education

The \_\_\_\_\_ School/District stands ready to provide a free appropriate public education should your student enroll in a District school. \_\_\_\_\_ School/District shall make the final decision with respect to the services to be provided to eligible private school students.

### SP Team Participants\*

_____	Parent	_____	Date
_____	LEA Representative	_____	Date
_____	Student	_____	Date
_____	Regular Ed. Teacher	_____	Date
_____	Special Ed. Teacher	_____	Date
_____	Private School Representative	_____	Date
_____	Other	_____	Date
_____	Other	_____	Date

\*Note: If parent signature is missing, provide a copy of SP and the regulations regarding private school and check below:

- ☐ did not attend (document efforts to involve parent)  
☐ via telephone, teleconference, or video conference  
☐ Other: \_\_\_\_\_